

Prevention and Early Intervention Framework & Priority Population Overview

Underserved Cultural Populations

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What is Prevention under MHSA?

- “The Prevention element of the MHSA PEI component includes programs and services defined by the Institute of Medicine (IOM) as Universal and Selective, both occurring **prior to a diagnosis for a mental illness.**”
 - Universal: target the general public or a whole population group that has not been identified on the basis of individual risk.
 - Selective: target individuals or a subgroup whose risk of developing mental illness is significantly higher than average.

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What is Prevention? (continued)

- From the PEI Guidelines:
 - “Prevention **promotes** positive cognitive, social and emotional development and encourages a state of **well-being** that allows the individual to function well in the face of changing and sometimes challenging circumstances.”
 - “Prevention in mental health involves reducing **risk factors** or stressors, building **protective factors** and skills and increasing support.”

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Risk Factors

- Certain events, circumstances, and stressors that have been found to correlate with the development of a mental health condition and negative life outcomes
- Include psychological stressors, social stressors, and biological stressors which **increase the possibility of developing** or exacerbating a mental health condition and of resulting in negative outcomes in individuals' lives.

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Protective Factors

- Certain circumstances in people's lives that have been found to correlate with reduced incidence, prevalence, and severity of mental health conditions and negative outcomes
- Include family and individual resources, social supports, and community resources that can reduce the impact of negative circumstances and stressors and **reduce the probability of developing** or exacerbating a mental health condition and negative outcomes.

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What is Early Intervention?

- “For individuals participating in PEI programs, the Early Intervention element:
 - Addresses a condition early in its manifestation
 - Is of relatively low intensity
 - Is of relatively short duration (usually less than one year)
 - Has the **goal of supporting well-being** in major life domains and avoiding the need for more extensive mental health services
 - May include individual screening for confirmation of potential mental health needs”
- Exception to short duration and low intensity criteria for early intervention for first onset of serious psychiatric illness with psychotic features

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Use of PEI Funds Limited

- “PEI funding is to be used to prevent mental health problems or to intervene early with relatively short duration and low intensity approaches to achieve intended outcomes,
- **not for filling gaps in treatment and recovery services** for individuals who have been diagnosed with a serious mental illness or serious emotional disturbance and their families.”

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PEI Emphasis on Underserved Cultural Populations

- **Priority Population**
 - **Underserved Cultural Populations**
 - “PEI projects address those who are unlikely to seek help from any traditional mental health service whether because of stigma, lack of knowledge, or other barriers (such as members of ethnically/racially diverse communities, members of gay, lesbian, bisexual, transgender communities, etc.) and would benefit from Prevention and Early Intervention programs and interventions.”
 - Part of all Priority Populations
 - “All PEI projects must address underserved racial/ethnic and cultural populations.”

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PEI Emphasis on Underserved Cultural Populations (continued)

- Emphasis on addressing disparities
 - “An overarching goal of the MHSA is to reduce disparities experienced by specific racial/ethnic and cultural groups. **This goal is central** to PEI planning and the implementation of PEI projects and programs.”

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Why Focus On Disparities?

- From the Surgeon General's 2001 supplement report "Mental Health: Culture, Race and Ethnicity":
 - “A major finding of this Supplement is that racial and ethnic minorities bear a greater burden from unmet mental health needs and thus suffer a greater loss to their overall health and productivity. ...The greater disability burden to minorities is of grave concern to public health, and it has very real consequences.”

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Some Demographics – African Americans

- 72% of African-Americans with an identified diagnosis not receiving care in past 12 months
- African-Americans are overrepresented in inpatient treatment and underrepresented in outpatient treatment
- The rate of victimization for crimes of violence is higher for African Americans than for any other ethnic or racial group

Sources: Alegria, 2006; Kessler et al 2006; Surgeon General 2001

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Demographics Continued - Latinos

- Latinos are less likely to receive specialty mental health services (5.9%) than Non-Latino whites (11.8%) and African-Americans (7.2%)
- A national study on adult unmet need reported the percentage of Hispanics with perceived need for alcohol, drug abuse, and mental health treatment receiving no care (22.6%) close to double the percentage of whites (12.5%) receiving no care
- By 2010 Latinos are projected to be 39% of the California population, and in about 30 years Latinos are projected to be over 50% of the population in California

Sources: Alegria et al 2002; California Department of Finance, 2004; Wells et al., 2001

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Demographics Continued -API

- In several studies, up to 70 percent of refugees from Vietnam, Cambodia, and Laos met diagnostic criteria for PTSD. By contrast, studies of the U.S. population as a whole find PTSD to have a prevalence of about 4 percent
- Asian Americans are significantly less likely than whites to mention mental health problems to their physician (3% vs 13%), to a mental health specialist (4% vs 26%), and to family and friends (12% vs 25%)

Sources: Surgeon General 2001

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Demographics Continued – American Indians

- Rate of suicide for Native Americans is 1.5 times the national average and for Native Transition Age Youth (16-25) it is 2 to 3 times the national rate
- The rate of violent victimization of American Indians is twice as high as the national average
- American Indians have higher rates of PTSD (22%) than the general population (8%)

Sources: Surgeon General 2001

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Risk Factors

- Common risk factors:
 - Trauma
 - Isolation
 - Social or cultural discrimination
 - School failure
 - Low self esteem
 - Incarceration
 - Family violence and disharmony

Source: Commonwealth Dept. of Health and Aged Care, Canberra, Australia (2000)

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Protective Factors

- Common protective factors
 - Attachment to community networks
 - Participation in church and community groups
 - Values
 - Problem-solving skills
 - Social skills
 - Strong cultural identity
 - Sense of belonging

Source: Commonwealth Dept. of Health and Aged Care, Canberra, Australia (2000)

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Building a PEI Project - Start With Your Local data

- Look at local data used to identify this as a Priority Population for your County
- Sort the data by risk factors and identify specific populations to target in your County
- Research strategies and programs that address the particular risk factors and populations identified in your County and enhance protective factors
- Look for strategies that have worked for this community, that are culturally appropriate and derived from the community if possible

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Key PEI Program Characteristics & Transformational Concepts

- From the Guidelines:
 - Community collaboration
 - Cultural competence – improve access and ameliorate disparities
 - Individual/family-driven programs and interventions, with specific attention to individuals from underserved communities
 - Wellness focus
 - Programs are generally delivered in a natural community setting.

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Conclusion

- Building programs that address local needs and priorities, build on local strengths and resources, and have a likelihood of being effective locally, will increase the probability of positive change in your community

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